## PART B - FEE(S) TRANSMITTAL

| C  | Complete and send this form, together with applicable fee(s), t  |  |   |                                       | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450  Eax (703) 746-4000  |   |  |   |  |
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| IN<br>ap<br>in<br>m  | STRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be compropriate all fring the presence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence card unless extracted below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE AD intenance fee notifications. |  |   |                                       |   |   |  | should be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for         |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  29633 7590 01/05/2005  |  |  |   |                                       | papers. Each a  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |  |   |  |
| ROGERS TOWERS, P.A. 1301 RIVERPLACE BOULEVARD, SUITE 1500 JACKSONVILLE, FL 32207   |  |  |   |                                       | I hereby certif<br>States Postal S<br>addressed to<br>transmitted to  | y that this Fe<br>Service with s<br>the Mail Sto  | ate of Mailing or Transe(s) Transmittal is being the sufficient postage for find p ISSUE FEE address 703) 746-4000, on the | g deposited with the United<br>est class mail in an envelope<br>above, or being facsimile |  |
| 01/19/2005 KBETEMA2 00000090 10629184  |  |  |   |                                       | Thoma   | e C. Se   | fitta (f)  | (Depositor's name)  |  |
| 01 FC:<br>02 FC:   |  | 700.00 DP<br>300.00 DP   |   |                                       | SV<br>i/  | 400 C   | . 1 WWW  | (Signature)   |  |
|  | APPLICATION NO.  | FILING DATE  |   | FIRST NAME                            | D INVENTOR  | AT  | FORNEY DOCKET NO.  | CONFIRMATION NO.  |  |
| п  | 10/629,184 TLE OF INVENTION:   | 07/29/2003  MANUFACTURING METH   | OD FOR JEWELR   | Y INCLUDI                             | Beard  NG SHAPE MEMORY  PUBLICATION FE  |   | B0978.04U EMENTS  FOTAL FEE(S) DUE   | 7202  DATE DUE  |  |
| L  |  | ovisional YES \$   |   |                                       | \$300   | <u> </u>  | \$1000   | 04/05/2005  |  |
| _  | <u> </u>   |  |   |                                       |   |   | 7  | 04/03/2003  |  |
|  | EXAMINER  THENER MADO OFFICE   |  | ART UNIT  |                                       | CLASS-SUBCLAS   | ss  |  |   |  |
| _  | JIMENEZ, MARC QUEMUEL  Change of correspondence address or indication of "F  |  | 3726  |                                       | 029-896400<br>nting on the patent front   | none liet   |  |   |  |
|  | CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |  |   |                                       | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |  |   |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  TMI Technologies, Inc.  Jacksonville, Florida  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government |  |  |   |                                       |   |   |  |   |  |
|  |  |  |   |                                       |   |   |  | oun entity D Government   |  |
| 4a,  | 4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.   |  |   |                                       |   |   |  |   |  |
|  | Advance Order - #  | Advance Order - # of Copies The Deposition of the Deposition |   |                                       |   | ed by charge  | the required fee(s), or (enclose an extra o  | credit any overpayment, to copy of this form).  |  |
| 5. Change in Entity Status (from status indicated above)  All a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.  |  |  |   |                                       |   |   |  | CFR 1.27(g)(2).   |  |
| Th<br>NO<br>int  | te Director of the USPTO<br>OTE: The Issue Fee and<br>terest as shown by the re-   | D is requested to apply the Iss<br>Publication Fee (if required) cords of the United States Pat  | ue Fee and Publicat<br>will not be accepted<br>ent and Trackemark | tion Fee (if and I from anyon Office. | ny) or to re-apply any pe other than the applica  | reviously paint; a registere  | d issue fee to the applic<br>d attorney or agent; or t   | ation identified above.<br>he assignee or other party in                                  |  |
|  | Authorized Signature   | Sharl.   | MANO  |                                       | Date  |   | 14/05  |   |  |
|  | Typed or printed name  |  |   |                                       | -   | istration No.   | 32,102   |   |  |
| Al   | examuna, virginia 22313  | ion is required by 37 CFR 1.3 ality is governed by 35 U.S.C application form to the USPT as for reducing this burden, sl ginia 22313-1450. DO NOT 3-1450. action Act of 1995, no persons   |   |                                       |   |   |  |   |  |